Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Donald Dessauer	M M / D D / Y Y Y Y
Mailing Address 1804 Auburn Ave	06 27 2014 Amount
City State Zip Code	20.00
Metaire LA 70003	Transaction ID: 03484e63-85d6-4f06-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For:
Full Name of Payee Donald Dessauer	Date of Public Distribution/Dissemination
	06 27 2014
Mailing Address 1804 Auburn Ave	Amount
City State Zip Code	0.30
Metaire LA 70003	Transaction ID : 3ba69780-0b5d-4eac-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	20.30
(a) 552.57.12 of norm200 mappindon Exponditures	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	06 30 2014
Signature	

Schedule E)	DENT EXPEN	DITORLS	PAGE 2 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New re	eport Amends repo	rt filed on
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr.			06 27 2014 Amount
City	State	Zip Code	25.00
Char	NC	28215	Transaction ID: 3de738b0-6c0d-47d2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr.			06 27 2014
1			Amount
City	State	Zip Code	7.20
Char	NC	28215	Transaction ID : 5508cc50-a0af-4e98-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 27 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		32.20
(b) SUBTOTAL of Uniternized Independent Ex	penditures		
	'		7 7 7
(c) TOTAL Independent Expenditures			>
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

						FOR SE OF	FORM 24/48
NAME OF COMMIT					FEC ID	DENTIFICATIO	N NUMBER ▼
Women Spea	K Out PAC				С	C00530766	
Check if 24-hou	r report X 48-hour re	eport New repo	ort Amends r	eport filed on	M = M /	D D /	Y = Y = Y = Y
Full Name of Pa				Date	of Public	c Distribution/I	Dissemination
Mr. Michae					M M /	27	2014
Mailing Address	458 Hebert Rd			Amo	ount		
City		State	Zip Code	—— I			26.00
Palmetto		LA	71358			ID: ccee6bd9	-f203-4dbe-8
Purpose of Expe Salary	nditure		Category/ Type 0	01	M M /	27	2014
Name of Federa	Candidate		Support	t Office Sou	ght:	House [District: 00
Ms. Mary L Land	Irieu		X Oppose		_	X Senate	State: LA
Calendar Ye Per Election	ear-To-Date for Office Sought		36999.21	Disburseme 2014	ent For: Other (sp	Primary	X General
Full Name of Pa	1/00						Discounting
Mr. Michael				Date	M M M	Distribution/	Dissemination 2014
Mailing Address	458 Hebert Rd			Ame	ount	21	2014
City		State	Zip Code				11.40
Palmetto		LA	71358			D: 5019ce57- ursement or C	e252-4edf-a
Purpose of Expe Mileage	enditure		Category/ Type	02	M 06	27	2014
Name of Federa	I Candidate		Suppor	t Office Sou	ght:	House	District:00
Ms. Mary L Land	Irieu		X Oppose	Pres	ident	Senate	State: LA
Calendar Ye Per Election	ear-To-Date n for Office Sought	, , , , ,	36999.21	Disbursem 2014	ent For: Other (sp	Primary Decify) ►	X General
(a) SUBTOTAL o	f Itemized Independent E	xpenditures		.		7	37.40
(b) SUBTOTAL o	f Unitemized Independen	t Expenditures		····· 		1 1 7	
(c) TOTAL Indep	endent Expenditures			····· •		7-	
with, or at the rec		independent expenditures by candidate or authorized ttee or its agent.					
Ms. i	Emily Buchanan	[Electroni	cally Filed]	Date 06	/ 30	/ Y Y Y 2014	4
Signature		-		30			

PAGE

OF

Schedule E)	ar ENDITOTIES	PAGE 4 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Danielle Landry		Date of Public Distribution/Dissemination
Mailing Address 1089 Oleste Tauzin Road		06 27 2014 Amount
City State	e Zip Code	20.00
Breaux Bridge LA	70517	Transaction ID : 4128417e-7acb-4e6f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		on the displacement in th
Full Name of Payee		Date of Public Distribution/Dissemination
Danielle Landry		06 27 2014
Mailing Address 1089 Oleste Tauzin Road		Amount
City State	e Zip Code	6.30
Breaux Bridge LA	70517	Transaction ID: 847867f3-bd0e-4fb8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Other (specify) Primary General
(a) SUBTOTAL of Itemized Independent Expenditures		26.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)		DITOTILO	PAGE 5 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			06 27 / 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	20.00
Lafayette	LA	70508	Transaction ID : 063a79c4-bb22-4fad-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Dylan Simon			06 / 27 / 2014
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	4.17
Lafayette	LA	70508	Transaction ID: e4aaea9a-82bb-4bf4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 27 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expend	itures		• 24.17
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	9 06 30 7 2014
-			

Schedule E)	ENT EXI EN	DITORILO	PAGE 6 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination
Mailing Address 4970 Lyman Rd			06 27 2014
			Amount
City	State	Zip Code	50.00
Winston Salem	NC	27105	Transaction ID: 7f247650-5a14-48f5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Katlynn Cockerham			06 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4970 Lyman Rd			Amount
City	State	Zip Code	13.50
Winston Salem	NC	27105	Transaction ID : 477f41e5-266b-4b58-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		63.50
#X			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			>
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo			

FEC IDENTIFICATION NUMBER ▼		Tieddic E)	FOR SE OF FORM 24/48
Check if		,	FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Mr. Alex Peyton Name of Federal Candidate Ms. Mary L Landrieu Category Mshington Category Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City State Zip Code Transaction 10 : 75151604-3684-4661-b Date of Public Distribution/Dissemination Transaction 10 : 75151604-3684-4661-b Date of Disbursement or Obligation Transaction 10 : 75151604-3684-4661-b Date of Disbursement or Obligation Transaction 10 : 75151604-3684-4661-b Date of Disbursement or Obligation Transaction 10 : 75151604-3684-4661-b Date of Disbursement or Obligation Transaction 10 : 75151604-3684-4661-b Date of Disbursement or Obligation Transaction 10 : 7526-751-b Date of Public Distribution/Dissemination Transaction 10 : 7526-751-b Date of Pu	۷۷	omen Speak Out PAC	C C00530766
Mr. Alex Peyton Mailing Address 859 Hicks Rd City State Zip Code Transaction ID: 7b151604-36a8-460f-b Date of Disbursement or Obligation Name of Federal Candidate Support Office Sought September 10 Oppose President September 10 Other (specify) Perpose of Expenditure State: LA Per Election for Office Sought September 10 Other (specify) Personal Purpose of Expenditure State: LA Tobse September 10 Other (specify) Personal September 11 Other (specify) Personal September 12 Other (spe	 Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Mailing Address 859 Hicks Rd City State Zip Code 7559 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Support Category/ Type 001 Name of Polyse President Senate State: LA Category/ Disbursement or Obligation Category/ Type 001 Name of Polyse Sought Senate State: LA Category/ Disbursement or Obligation Category/ Type 001 Name of Polyse Sought Senate State: LA Category/ Disbursement for: Primary General 2014 Full Name of Polyse Mailing Address 859 Hicks Rd City State Zip Code Washington LA 70589 Purpose of Expenditure Mileage S59 Hicks Rd City State Zip Code Washington LA 70589 Transaction ID: 75151604-3688-460H-b Date of Disbursement for: Disbursement for: Disbursement for: Disbursement for: Primary General 2014 Amount City State Zip Code Washington LA 70589 Transaction ID: 75151604-3688-460H-b Date of Disbursement for: Disbursement or Obligation Total of Disbursement for: Disbursement or Obligation Transaction ID: 75151604-3688-460H-b Date of Disbursement for: Disbursement or Obligation The Category/ Dotal Category/ Dot	Т		Date of Public Distribution/Dissemination
City Washington LA 70589 Purpose of Expenditure Salary		•	
Washington LA 70589 Transaction ID : 7b15 160d-36a8-460f-b Date of Disbursement or Obligation		Ivialling Address 859 Hicks Rd	Amount
Washington LA 70589 Transaction ID : 7b15 160d-36a8-460f-b Date of Disbursement or Obligation	-	City State Zip Code	20.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought City State Vashington Name of Eederal Candidate Ms. Mary L Landrieu City State City State Category/ Mshington LA 70589 Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Category/ Mshington Name of Federal Candidate Support Mileage Name of Federal Candidate Support Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement or Obligation Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement or Obligation Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement or Obligation Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement For: Office Sought: House District: O President Senate State: LA Disbursement For: Primary General Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) and political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Office Sought: House District: OD President Senate State: LA Disbursement For: Primary General Other (specify) Oth			Transaction ID : 7b15160d-36a8-460f-b
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Mr. Alex Peyton Mailing Address 859 Hicks Rd City Washington Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date	Ī	Salany Odtegory/	M M / D D / Y Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought 36999.21 Disbursement For: Primary General 2014 Other (specify) ▶	t	Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought Sage		Ma Manual Landriau	
Full Name of Payee Mr. Alex Peyton Mailing Address 859 Hicks Rd City State Zip Code Washington LA 70589 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditure or its agent. Ms. Emity Buchanan [Electronically Filed] Date Of Public Distribution/Dissemination Date of Public Distribution/Dissemination To 06 / 27 / 2014 Amount Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement or Obligation Transaction ID: 920c1 Transaction ID: 920c1		00000 04	
Mr. Alex Peyton Mailing Address 859 Hicks Rd	ŀ		
Mailing Address 859 Hicks Rd City State Zip Code Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Support Name of Federal Candidate Support Ms. Mary L Landrieu Support Ms. Mary L Landrieu Sought Senate State: LA Disbursement For: Primary General 2014 Other (specify) Ms. Mary L Calendar Year-To-Date Per Election for Office Sought Support Office Sought Other (specify) Ms. Mary L Calendar Year-To-Date Per Election for Office Sought Senate State: LA Disbursement For: Primary General 2014 Other (specify) Ms. Mary L Calendar Year-To-Date Per Election for Office Sought Support Other (specify) Ms. Mary L Calendar Year-To-Date Per Election for Office Sought Senate State: LA Disbursement For: Primary			M = M / D = D / Y = Y = Y
Washington LA 70589 Transaction ID: 928c66d-db7c-41dd-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In Transaction ID: 928c66d1-db7c-41dd-b Date of Disbursement or Obligation Category/ Type Office Sought: House District: 00 President X Senate State: LA Disbursement For: Primary X General 2014 Other (specify) (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	-	Mailing Address 859 Hicks Rd	
Purpose of Expenditure Mileage Name of Federal Candidate	-	City State Zip Code	12.00
Purpose of Expenditure Mileage Category/ Type 002 06 27 2014			
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA		Mileage Odlegory/ 002	M M / D D / Y Y Y
Ms. Mary L Landrieu Calendar Year-To-Date President Senate State: LA	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought 36999.21 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized Independent Expenditures	32.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 06 30 2014	W	vith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Dutc vv		[F1 +	
		Build	

PAGE 7

OF

Schedule E)	PAGE 8 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Theresa Rurkhart	of Public Distribution/Dissemination
Mailing Address 3126 Chester Ct Amou	06 27 2014 unt
City State Zip Code	50.00
Metairie LA 70006 Trans	saction ID : 5f01f934-2da3-4961-a of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y Y Y O O O O O O O O O O O O
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	1.0
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	nt For:
Paul Rickert	of Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane Amor	06 27 2014 ount
City State Zip Code	40.00
Bossier City LA 71111 Trans Date	saction ID: 71693d78-18dc-4d7f-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Mary L Landrieu Presid	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Date	30 / 2014

Schedule E)	I EXI END			PAGE 9 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC				
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	W / D = D / Y = Y = Y
	<u> </u>			
Full Name of Payee Paul Rickert			Date of F	
Mailing Address 710 St. Martins Lane			Amount	
City	State	Zip Code		6.00
Bossier City	LA	71111		ion ID : 499a7782-1ffa-4ce3-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Lily Green			M 06	
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code		30.00
Shreveport	LA	71119	Transacti Date of I	on ID : 0b99fe98-508f-409e-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	^M 06	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	36999.21	Disbursement F 2014 Othe	or: Primary General or (specify) •
(a) SUBTOTAL of Itemized Independent Expenditure	es			36.00
				7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •	7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		30 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature		_		

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	06 27 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	10.50
Shreveport LA 71119	Transaction ID : eda1a2f2-6a34-48f1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 27 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms Mary I Landrieu	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
Full Name of Payee	
Ms. Tonya Boyd	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd	Amount
City State Zip Code	30.00
Mt. Airy NC 27030	Transaction ID : c2f9407f-1f70-4575-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	40.50
(b) SUBTOTAL of Unitemized Independent Expenditures	117117117
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	30 2014
Signature	

PAGE

10

OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dan / Yanyay
Full Name of Payee	Date of Public Distribution/Dissemination
Ms. Tonya Boyd	06 27 2014
Mailing Address 2357 Fancy Cap Rd	Amount
City State Zip Code	4.65
Mt. Airy NC 27030	Transaction ID: 1165a829-3401-4180-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary
Full Name of Payee	
Lorri Anderson	Date of Public Distribution/Dissemination M M 7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	25.00
Charlotte NC 23215	Transaction ID: 65dfb498-8f7c-418e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 27 / 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	29.65
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	06 30 2014
Signature	

PAGE

OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	4.20
Charlotte NC 23215	Transaction ID : 5c8b0d88-8a0f-4f32-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 201	
5 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other (specify)
Full Name of Payee Ms. Ashlen Sandoz	Date of Public Distribution/Dissemination
Mailing Address 204 Ranger Place	06
City State Zip Code	40.00
Slidell LA 70115	Transaction ID : c5b1dea1-979a-437e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	44.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	06 30 2014
Signature	

PAGE

OF

Schedule E)	INT EXI ENL	DITOTILO	PAGE 13 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			06 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	70.00
Kenner	LA	70065	Transaction ID : 59616749-4f5f-42d7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			06 27 2014
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	8.52
Kenner	LA	70065	Transaction ID : 2b07db82-f4d4-41ef-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	36999.21	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 78.52
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		-
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	e 06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	INT EXI ENL	DITOTILO	PAGE FOR SE	14 OF 54 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053076	66
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Christopher Marquess			06 / D D D D D D D D D D D D D D D D D D	2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586	Transaction ID : c3ea2 Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	06 / 27	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
Full Name of Payee	<u> </u>		Date of Public Distribut	ion/Dissemination
Christopher Marquess			06 / D D	2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		19.20
Ville Platte	LA	70586	Transaction ID : 0a5d5d Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	06 / 27	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Mary L Landrieu		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought	-,,	36999.21	Disbursement For: Prim 2014 Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			69.20
			-	
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	7
(c) TOTAL Independent Expenditures			•	gs. 1 455.
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date		y y y 2014
-				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Zachary Vidrine	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun Am	nount
City State Zip Code	15.00
Ville Platte LA 70586 Tra	ansaction ID : 8ed46baf-42cc-4e2f-9 tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Mary Ll andrigu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Zachary Vidrine	ate of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun	06 27 2014 mount
City State Zip Code	6.60
	nsaction ID: 3144df49-ae43-4dc5-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 27 2014
Name of Federal Candidate Support Office Soil	ught: House District: 00
	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	21.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 15

OF

Schedule E)	INI EXI EN	DITORILO	PAGE 16 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Edwin H Parnell			06 27 2014
Mailing Address 122 Olde Point Rd			Amount
City	State	Zip Code	25.00
Hampsted	NC	28443	Transaction ID: 8274b746-5059-4b70-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Edwin H Parnell			06 27 2014
Mailing Address 122 Olde Point Rd			Amount
City	State	Zip Code	2.55
Hampsted	NC	28443	Transaction ID : 4b46ba07-86d6-48cf-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary ☐ General Other (specify) ☐
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 27.55
(4)			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •
(c) TOTAL Independent Expenditures			·
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	9 06 30 7 2014
2. 0			

Schedule E)	INT EXI END	TI OTILO	PAGE 17 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	MBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	YYY
Full Name of Payee			Date of Public Distribution/Dissen	nination
Francis Richardson				014
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		35.00
Lafayette	LA	70503	Transaction ID : c9f16f09-4e2c-4 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House District	:00
Ms. Mary L Landrieu		X Oppose	President Senate State	:LA
Calendar Year-To-Date Per Election for Office Sought	.,,	36999.21	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dissen	nination
Francis Richardson				2014
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		2.43
Lafayette	LA	70503	Transaction ID : f0ed8096-5c9b-4 Date of Disbursement or Obligati	
Purpose of Expenditure Mileage		Category/ Type 002		014
Name of Federal Candidate		Support	Office Sought: House District	:00
Ms. Mary L Landrieu		X Oppose	President Senate State	: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendi	tures		3	7.43
			7- 7-	
(b) SUBTOTAL of Unitemized Independent Experi	nditures		>	-
(c) TOTAL Independent Expenditures			•	-
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. 3				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	06 27 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	30.00
Mt. Airy NC 27030	Transaction ID : b2e2dbc6-283c-4c83-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Distriction 133989.35	oursement For: Primary
Full Name of Payee	
Ralph Smith	Date of Public Distribution/Dissemination 06 27 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	4.50
Mt. Airy NC 27030	Transaction ID : 63a463ee-e661-42c8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 27 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	06 30 2014
Signature	

PAGE

18

OF

Schedule E)		DITORILO	PAGE 19 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Trevor M Todd			06 / 25 / 2014
Mailing Address 1721 Canady Rd			Amount
City	State	Zip Code	20.00
Wilmington	NC	28411	Transaction ID: e0819341-c5a5-4b73-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 25 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Trevor M Todd			06 25 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1721 Canady Rd			Amount
City	State	Zip Code	0.60
Wilmington	NC	28411	Transaction ID: bf7e2cf6-8fc3-494f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		20.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 30 / 2014
-			

Schedule E)	IVI EXI EIVI	SHORLS	PAGE 20 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee	<u></u>		Date of Public Distribution/Dissemination
Cory Bryson			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	70.00
Belmont	NC	28012	Transaction ID : c58c87e2-e5d0-4576-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	33989.35	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Cory Bryson			06 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 216 Dogwood Ln			Amount
City	State	Zip Code	32.10
Belmont	NC	28012	Transaction ID : 2b6017cb-33ab-4681-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 27 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	33989.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. • 102.10
(b) SUPTOTAL of Unitamized Independent Even	dituras		
(b) SUBTOTAL of Unitemized Independent Expen	ultures		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 30 2014

Sch	edule E)	EXI ENDI	101120				PAGE 21 OF 54 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on	M M /	D = D / Y = Y = Y = Y
	Full Name of Payee				Dat	te of Public	c Distribution/Dissemination
	Ms. Dinah Beverly					06	27 2014
	Mailing Address 157 Bishop Drive				Am	ount	
	Dity	tate	Zip Code				25.00
	Avondale	LA	70064				ID: a3b52ca0-0b63-4eef-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		06	27 2014
١	Name of Federal Candidate		Sı	upport	Office Sou	ıght:	House District:00
	Ms. Mary L Landrieu			ppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		36999.21		Disbursem 2014	nent For: Other (sp	Primary
	Full Name of Payee				Da	te of Publi	c Distribution/Dissemination
Т	Ms. Dinah Beverly					M M M M M	27 2014
ī	Mailing Address 157 Bishop Drive					00	27 2311
Т					Am	ount	
	City	tate	Zip Code				3.90
		LA	70064		Tra Da	nsaction II te of Disbu	D: 3a45bbe3-b6ba-4473-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		06	27 2014
1	Name of Federal Candidate		S	upport	Office Sou	ught:	House District:00
	Ms. Mary L Landrieu		Xo	ppose	Pre	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	36999.21		Disbursen 2014	nent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				•	-	28.90
(b) SUBTOTAL of Unitemized Independent Expenditures	3			. •		
(с) TOTAL Independent Expenditures				•		4
wi	nder penalty of perjury I certify that the independent of th, or at the request or suggestion of, any candidate of arty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 30	/ Y Y Y Y Y Y 2014
	Signature		_	24.0			

Schedul	e E)				PAGE 22 OF 54 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	ume of Payee us Beverly				of Public Distribution/Dissemination
Mailing	Address 157 Bishop Drive			— L	06 27 2014
				Amour	11
City		State	Zip Code		25.00
Avond	ale	LA	70094		action ID: d6f06f52-b1a8-4894-9 of Disbursement or Obligation
Purpos Salary	e of Expenditure		Category/ Type 001		06 27 / 2014
Name	of Federal Candidate		Support	Office Sought	t: House District:00
Ms. Ma	ary L Landrieu		X Oppose	Preside	ent Senate State: LA
	alendar Year-To-Date er Election for Office Sought	, , ,	36999.21	Disbursement 2014 Of	r For: Primary X General
Full Na	ame of Payee				of Public Distribution/Dissemination
Jear	nne Tribou			M	06 28 2014
Mailing	Address 22369 Ponderosa Dr.				
				Amou	nt
City		State	Zip Code		30.00
Mande		LA	70471	Transa Date of	ction ID: 0ac4be3d-9de9-4bb6-9 of Disbursement or Obligation
Purpos Salary	se of Expenditure /		Category/ Type 001	М	06 28 / 2014
Name	of Federal Candidate		Support	Office Sough	t: House District:00
Ms. M	ary L Landrieu		Oppose	Preside	ent Senate State: LA
	alendar Year-To-Date er Election for Office Sought	7 7	36999.21	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUE	BTOTAL of Itemized Independent Expenditur	es		•	55.00
(b) SUE	BTOTAL of Unitemized Independent Expendi	tures		•	
(c) TOT	AL Independent Expenditures			•	
with, or	enalty of perjury I certify that the independent at the request or suggestion of, any candidammittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	06	30 2014
Signa	ature				

Schedule E)	VI EXI ENE	TI OTILO	PAGE 23 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			06 / 28 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	2.10
Mandeville	LA	70471	Transaction ID : 38aeecd2-bcd7-4d62-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	36999.21	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Fedex Office			06 / 28 / 2014
Mailing Address 3815 veterans blvd			Amount
City	State	Zip Code	330.27
Metairie	LA	70002	Transaction ID : fb896e52-7c5b-4403-b Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Flyers		Category/ Type 006	06 / 28 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	77	36999.21	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. • 332.37
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			

Sche	edule E)	LAFLIND	ITORLS			PAGE 24 OF 54 FOR SE OF FORM 24/48	
NAME	OF COMMITTEE (In Full)					FEC IDENTIFICATION NUMBER	
Wo	men Speak Out PAC					C C00530766	
Check	c if 24-hour report X 48-hour report	New rep	ort Amen	ds report	filed on	M / D D / Y Y Y	Y
Fu	ull Name of Payee				Date of	Public Distribution/Dissemination	n
	Earl Stewart					06 28 2014	Υ
М	ailing Address 9455 Snow Camp Road				Amoun		
Ci	ity	State	Zip Code			80.0	0
	Snowcamp	NC	27349			ction ID : 3bfff54d-1319-46fc-8 Disbursement or Obligation	_
	urpose of Expenditure Salary		Category/ Type	001	M	06 28 7 2014	Y
Na	ame of Federal Candidate		Sup	port	Office Sought:	House District: 00)
N	/ls. Kay Hagan		X Opp	oose	Presider	nt Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	33989.35		Disbursement 2014 Oth	For: Primary X Gene ner (specify) ▶	eral
	ull Name of Payee				Date of	Public Distribution/Dissemination	n
_	Earl Stewart					06 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Υ
IM	lailing Address 9455 Snow Camp Road				Amoun	t	
С	ity	State	Zip Code			80.00	П
	Snowcamp	NC	27349			tion ID : 9cf67b06-ca5a-4156-b Disbursement or Obligation	
	urpose of Expenditure Salary		Category/ Type	001)6 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
N	ame of Federal Candidate		Sup	oport	Office Sought:	House District:0	0
M	/Is. Kay Hagan		Х Орр	pose	Preside		
	Calendar Year-To-Date Per Election for Office Sought	7	33989.35		Disbursement 2014 Otl	For: Primary X Generation	eral
(a)	SUBTOTAL of Itemized Independent Expenditures	S				160.00	\neg
, ,	·						
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires			•	7 7 7	
(c)	TOTAL Independent Expenditures				· [
with	der penalty of perjury I certify that the independer h, or at the request or suggestion of, any candidate try committee) any political party committee or its a	e or authorized					
-	Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	06	30 / 2014	

Schedule E)	TOE! E!IDE!!! E/II =/!!)	-	PAGE 25 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report X 4	8-hour report New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Earl Stewart			M = M /	Distribution/Dissemination
Mailing Address 9455 Snow Cam	ıp Road		06 Amount	28 2014
City	State	Zip Code		10.50
Snowcamp	NC	27349		D: 8306f946-e0ab-4d85-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M = M /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	NC NC
Calendar Year-To-Date Per Election for Office Soug	ht	33989.35	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Earl Stewart			Date of Public	Distribution/Dissemination Distribution/Dissemination
Mailing Address 9455 Snow Ca	amp Road		Amount	
City	State	Zip Code		80.00
Snowcamp	NC	27349	Transaction ID Date of Disbu	: b6ce69b3-5d81-4544-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 06 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Soug	ht	33989.35	Disbursement For: 2014 Other (spe	Primary ☐ General ecify) ►
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		·	90.50
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		•	
(c) TOTAL Independent Expenditu	ires		·	1 1 2 1 2 1
Under penalty of perjury I certify with, or at the request or suggesting party committee) any political party	on of, any candidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	06 / 30	2014
Signature				

Schedule E)	VI EXI EN	JITONES	PAGE 26 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			06 / 28 / 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	9.00
Snowcamp	NC	27349	Transaction ID: 13d44f10-c514-4f68-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	33989.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			06 28 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	80.00
Snowcamp	NC	27349	Transaction ID : 00c36b6b-bf70-45c1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	33989.35	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 89.00
			4 4
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 30 2014
- 9			

Sche	dule E)		1101120		PAGE 27 OF 54 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	III Name of Payee Earl Stewart				of Public Distribution/Dissemination
Ma	ailing Address 9455 Snow Camp Road			Amou	06 28 2014 nt
Cit	tu.	State	Zip Code		60.00
	nowcamp	NC	27349		action ID : c2d889c7-aca5-4aed-a of Disbursement or Obligation
	irpose of Expenditure alary		Category/ Type 001		06 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Kay Hagan		Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement 2014 Or	t For: Primary
Fu E	Ill Name of Payee Earl Stewart				of Public Distribution/Dissemination
Ma	ailing Address 9455 Snow Camp Road			Amou	nt
Cit	ty	State	Zip Code		70.00
<u> </u>	inowcamp	NC	27349	Transa Date	oction ID : 66d355d7-475e-4cd8-9 of Disbursement or Obligation
	urpose of Expenditure calary		Category/ Type 001		06 / 28 / 2014
	ame of Federal Candidate		Support	Office Sough	it: House District: 00
M	ls. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	,,	33989.35	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	s		→	130.00
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		·· •	
(c)	TOTAL Independent Expenditures			· ·	
with	der penalty of perjury I certify that the independer or, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 06	30 / 2014
3	Signature				

Schedule E)	VI EXI EIVE	TI OTILO	PAGE 28 OF 54 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	T
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	
Earl Stewart			06 / 28 / 2014	Υ
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code	9.00	
Snowcamp	NC	27349	Transaction ID: 71ef1ff7-8d69-4e70-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	06 28 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7	33989.35	Disbursement For: Primary	al
Full Name of Payee			Date of Public Distribution/Dissemination	
Earl Stewart			06 28 2014	Υ
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code	50.00	
Snowcamp	NC	27349	Transaction ID : f32bae7f-feed-41fd-b Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	06 28 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	33989.35	Disbursement For: Primary	ral
(a) SUBTOTAL of Itemized Independent Expenditu	res		59.00	٦
				_
(b) SUBTOTAL of Unitemized Independent Expend	itures)	_
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- 9				

Schedule E)	I LAPLIND	ITUNES		PAGE 29 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Earl Stewart			Date of Publi	c Distribution/Dissemination
Mailing Address 9455 Snow Camp Road			06 Amount	28 2014
City	State	Zip Code	Transaction	9.00
Snowcamp	NC	27349		ID: 3e1a59f5-0a2e-4a46-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 06	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	33989.35	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee				ic Distribution/Dissemination
Earl Stewart			M M M 06	/ DDD / YTYTY 28 2014
Mailing Address 9455 Snow Camp Road			Amount	25
City	State	Zip Code		80.00
Snowcamp	NC	27349		D: c629564d-5124-4e6d-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 ^M	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	33989.35	Disbursement For: 2014 Other (sp	Primary ⊠ General
() 01070711 (1) 1 1 1 1 1 1 1 1 1				
(a) SUBTOTAL of Itemized Independent Expenditure	S		-	89.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 30	2014
Signature				

Sc	hedule E)	L /(1 L /(2)	TI CILLO		PAGE 30 OF 54 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	port Amends repo	ort filed on	T = M / D = D / Y = Y = Y
T	Full Name of Payee Earl Stewart				of Public Distribution/Dissemination
ŀ	Mailing Address 9455 Snow Camp Road			Amou	06 28 2014 unt
ŀ	City	State	Zip Code		9.00
	Snowcamp	NC	27349		saction ID: 4a53be02-5d1b-4764-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	- IV	06 28 2014
ľ	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Kay Hagan		Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement 2014 O	nt For: Primary X General Other (specify) ▶
	Full Name of Payee Donald Dessauer				of Public Distribution/Dissemination
	Mailing Address 1804 Auburn Ave			Amou	unt
ľ	City	State	Zip Code		25.00
-	Metaire Durage of Europe diture	LA	70003	Transa Date	action ID : 4eb75cc4-cec2-49b4-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 28 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
-	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, ,	36999.21	Disbursemer 2014	nt For:
((a) SUBTOTAL of Itemized Independent Expenditures	3		>	34.00
((b) SUBTOTAL of Unitemized Independent Expenditure	ires		-	1 4 1 4 1 4
((c) TOTAL Independent Expenditures			· -	7
٧	Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 06 /	30 2014
	Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Donald Dessauer	06 28 2014
Mailing Address 1804 Auburn Ave	Amount
City State Zip Code	0.30
Metaire LA 70003	Transaction ID: 8726e474-7dd0-4158-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 28 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary General
Full Name of Payer	Other (specify)
Full Name of Payee Madeline Doucet	Date of Public Distribution/Dissemination M
Mailing Address 73 Catalpa Trace	Amount
City State Zip Code	25.00
Covington LA 70433	Transaction ID: f499dfba-d162-4138-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 28 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	25.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	6 30 2014
Signature	

PAGE

OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rachelle Doucet	06 28 2014
Mailing Address 73 Catalpa Trace	Amount
City State Zip Code	10.00
Covington LA 70433	Transaction ID: 510b57bc-675b-4f1a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Roger McKinney	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	Amount
City State Zip Code	35.00
Pilot Mountian NC 27041	Transaction ID : b6662076-decb-424d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 28 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	06 30 2014
Signature	

PAGE

32

OF

Schedule E)	INT EXI EIN	STICILO	PAGE 33 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Mr. Roger McKinney			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	8.64
Pilot Mountian	NC	27041	Transaction ID : 685f2b61-363c-4d17-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			06 28 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	35.00
Plot Mountain	NC	27041	Transaction ID: 883d2b4e-2144-49d7-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 28 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		43.64
(-,			7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 06 30 7 2014
- 3			

Sc	hedule E)	1101101120				PAGE 34 OF 54 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC				С	C00530766
 Che	eck if 24-hour report X 48-hour report New	v report Am	nends repc	ort filed on	= M /	D = D / Y = Y = Y
Т	Full Name of Payee			Date	of Public	Distribution/Dissemination
	Joel Greco				06	28 2014
	Mailing Address 318 Gaskins Lane			Amou	nt	
ŀ	City State	Zip Code		$- \Gamma$		40.00
	Wilmington	28411				D: 2a9055ea-fd3d-4f53-8 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type			06	28 / 2014
	Name of Federal Candidate		Support	Office Sough	t:	House District: 00
	Ms. Kay Hagan		Oppose	Preside	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	33989.35		Disbursemen 2014 O	t For: ther (sp	Primary ☐ General ecify) ►
ſ	Full Name of Payee			Date	of Public	c Distribution/Dissemination
	Christopher Marquess			_ F	06	28 2014
ľ	Mailing Address 110 W Pecan St					20 2011
				Amou	nt	
ŀ	City State	Zip Code				60.00
	Ville Platte LA	70586		Transa Date	of Disbu	D: f980329e-79e2-47af-b ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type			06	28 / 2014
	Name of Federal Candidate		Support	Office Sough	nt:	House District:00
-	Ms. Mary L Landrieu	X	Oppose	Preside	ent 2	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	36999.2	:1	Disbursemer 2014 C		Primary
((a) SUBTOTAL of Itemized Independent Expenditures			▶	-	100.00
((b) SUBTOTAL of Unitemized Independent Expenditures			· •		
((c) TOTAL Independent Expenditures			•		
W	Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Elec.	ectronically Filed]	Date	e 06	30	2014
	Signature					

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O
Check if 24-hour report X 48-hour report New report Amends report fi	iled on M M / D D / Y Y Y Y Y
Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
	06 28 2014
Mailing Address 110 W Pecan St	Amount
City State Zip Code	19.50
Ville Platte LA 70586	Transaction ID: 11692724-14cd-4372-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	ffice Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Odichadi Tali Data	isbursement For: Primary
Full Name of Payee Theresa Burkhart	Date of Public Distribution/Dissemination
Theresa durkhart	06 28 2014
Mailing Address 3126 Chester Ct	Amount
City State Zip Code	50.00
Metairie LA 70006	Transaction ID: 328b5688-e69d-481e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 28 / 2014
	office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	isbursement For: Primary ☐ General 014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	06 30 2014
Signature	

· · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Ms. Chassidy Menard	06
Mailing Address 515 Walter Dr.	Amount
City State	Zip Code 82.50
Lafayette LA	70507 Transaction ID : a2c95701-4881-41bc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 06 / 28 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Theresa A Touchet Mailing Address 102 French Street #3	Date of Public Distribution/Dissemination M M M / D B M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code 65.00
New Orleans NC	70124 Transaction ID : 74655156-c4ed-4d3b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 06 / 28 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	147.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures)
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 06 30 2014
Signature	

PAGE

36

OF

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Theresa A Touchet	M 06
Mailing Address 102 French Street #3	nount
City State Zip Code	0.60
New Orleans NC 70124 Tra	ansaction ID : 1bea0f35-8845-4d34-b tte of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms Mary I Landrieu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
Full Name of Payee Da Branson Cambre	ate of Public Distribution/Dissemination
Mailing Address 117 Middleburg Dr.	06 28 2014 mount
City State Zip Code	70.00
	nsaction ID: 9e55065a-20f4-41ff-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 28 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	70.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 37

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Branson Cambre		06 28 2014
Mailing Address 117 Middleburg Dr.	Ar	mount
City Stat	te Zip Code	19.50
Lafayette LA	70508 Tr	ransaction ID : 4be0b5d4-fe00-4d13-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought	36999.21 Disburse 2014	ment For:
Full Name of Payee Jeanne Tribou	D	ate of Public Distribution/Dissemination
Mailing Address		06 28 2014
Mailing Address 22369 Ponderosa Dr.	A	mount
City Stat	te Zip Code	50.00
Mandeville LA		ansaction ID: 02318b15-19a8-47a5-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 / 28 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pro	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	36999.21 Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures		69.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 06	30 / 2014
Signature		

PAGE

38

OF

Sched	lule E)				PAGE 39 OF 54 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Ola 1 - 14	. □ 04 l	V		M file d a s	-M / D D / Y - Y - Y
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Je	Name of Payee eanne Tribou				of Public Distribution/Dissemination
Mail	ing Address 22369 Ponderosa Dr.			Amour	
City		State	Zip Code	— I	2.70
	ndeville	LA	70471		action ID : 51aa1b2a-3520-4a5b-8 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	M	06 28 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Ms.	Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	36999.21	Disbursement 2014 Of	t For:
	Name of Payee	_		Date of	of Public Distribution/Dissemination
IMS	s. Amanda Posey			M	06 28 2014
Mai	ling Address 819 Lyons St				
				Amou	nt
City		State	Zip Code		50.00
	w Orleans	LA	70115	Transa Date o	ction ID : a3cb4e9f-e94e-4d30-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	М	06 / 28 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	36999.21	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	es		· -	52.70
(b) S	SUBTOTAL of Unitemized Independent Expend	itures		•	. 7 7
(c) T	OTAL Independent Expenditures			•	7 7 7
with,	r penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	06	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	gnature				

Schedule E)	T EXI END	TIONES		PAGE 40 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Kristen Clapper			M M /	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 924 French Street			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70124		3: 38ce8800-a40a-42a4-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 /	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7	36999.21	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Matt Gleb			M M /	28 / 2014
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		35.00
Ayden	NC	28513		: c155b8dc-3cec-4989-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	33989.35	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			105.00
(1) OUDTOTAL (11) :				
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			•	49- 1 49- 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	06 30	2014
3				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	C IDENTIFICATION NUMBER
Women Speak Out PAC	C	C00530766
Check if 24-hour report X 48-hour report New report Am	nends report filed on	M / D D / Y B Y B Y
Full Name of Payee	Date of F	Public Distribution/Dissemination
Matt Gleb	M 06	
Mailing Address 3815 Robin Road	Amount	
City State Zip Code		5.40
Ayden NC 28513		ion ID : 221ab40c-5802-4401-9 Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 M 06	
Name of Federal Candidate	Support Office Sought:	House District:00
Ma Kasallanaa	Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 33989.35	Disbursement For 2014	or: Primary ⊠ General r (specify) ▶
Full Name of Payee		
Courtney Goldstein	Date of F	
Mailing Address 1809 N Woodlawn	Amount	2014
City State Zip Code		40.00
Metairie LA 70001		on ID : 7461a544-5c37-4c40-9 Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 M 06	M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 36999.2	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································	45.40
(b) SUBTOTAL of Unitemized Independent Expenditures		71171171
(c) TOTAL Independent Expenditures	·	7
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 06	30 2014
Signature	54.0	

PAGE 41

OF

Schedule E)	ENT EXILIN	DITORLO	PAGE 42 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Courtney Goldstein			06 28 Y 2014
Mailing Address 1809 N Woodlawn			Amount
City	State	Zip Code	1.80
Metairie	LA	70001	Transaction ID: 009e26ad-4fb8-4c64-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: Primary General 2014
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Michael Vidrine			06 28 7 2014
Mailing Address 458 Hebert Rd			Amount
City	State	Zip Code	53.00
Palmetto	LA	71358	Transaction ID : 2f2b20f7-1347-4279-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		54.80
(-)			7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		>
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 30 / 2014
-			

Schedule E)	IN EXILITE	TI OILO	PAGE 43 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Mr. Michael Vidrine			Date of Public Distribution/Dissemination
Mailing Address 458 Hebert Rd			06 28 2014 Amount
City Palmetto	State LA	Zip Code 71358	28.50 Transaction ID: 853fb78c-c3e0-4c9c-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 06 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	36999.21	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Cassidy Quartararo			Date of Public Distribution/Dissemination
Mailing Address 632 Cameron Court			06 28 2014
			Amount
City	State	Zip Code	50.00
Kenner Purpose of Expenditure	LA	70065	Transaction ID: 9aecad8c-3931-4257-a Date of Disbursement or Obligation
Salary		Category/ Type 001	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	36999.21	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		78.50
(b) SUBTOTAL of Uniternized Independent Exper	nditures		
, ,			7 7 7
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 30 / 2014
o.g.iataro			

Schedule E)				PAGE 44 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour	report New repo	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Julie Clifton			Date of Publi	c Distribution/Dissemination
Mailing Address 712 St. Martin Lane			Mmount	28 2014
Oth.	Ctoto	7'- 0-40		20.00
City Bossier City	State LA	Zip Code 71111		30.00 ID: a45f638c-142a-45e2-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 Bate of Bisson	/ 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: 2014 Other (sp	Primary X General
Full Name of Payee Julie Clifton			Date of Publi	ic Distribution/Dissemination
Mailing Address 712 St. Martin Lane			Amount	
City	State	Zip Code		3.00
Bossier City	LA	71111	Transaction II Date of Disb	D: 7ff3daeb-e5a2-4e47-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	28 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: 2014 Other (s	Primary ⊠ General pecify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		>	33.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		. >	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 06 30	/ Y Y Y Y Y 2014
Signature				

Schedule E)	LIVI EXI ENL	ON ONES	PAGE 45 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			06 / 28 / 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	60.00
Lafayette	LA	70503	Transaction ID : 72e0043a-8322-4e0f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	36999.21	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			06 28 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	1.62
Lafayette	LA	70503	Transaction ID : 7e65758a-c2bb-4408-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		61.62
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 30 / 2014
J			

Schedule E)	VI EXI ENE	ATOTILO	⊢	PAGE 46 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lesley Lennox			M M / 06	28 / 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		10.00
Metairie	LA	70001		: 1ce26c97-f266-4b0f-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	36999.21	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lesley Lennox			M M /	28 / 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		0.30
Metairie	LA	70001		: cf64d02a-a6df-45e5-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	77	36999.21	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			10.30
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 30	2014
-				

Schedule E)	ZIVI ZXI ZIVI	DITONES	PAGE 47 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee Paul Rickert			Date of Public Distribution/Dissemination
Mailing Address 710 St. Martins Lane			06 / 28 / 2014
710 St. Wartins Lane			Amount
City	State	Zip Code	90.00
Bossier City	LA	71111	Transaction ID : 3d647b0e-5d22-42b0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -, -,	36999.21	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Paul Rickert			06 28 2014
Mailing Address 710 St. Martins Lane			Amount
City	State	Zip Code	9.30
Bossier City	LA	71111	Transaction ID : 9da32457-adec-40e3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 28 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		99.30
(1) OUDTOTAL (11 in the late of the late o			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		.)
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 06 30 7 2014
-			

oblicatio Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Mr. Alex Peyton	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 859 Hicks Rd	nount
City State Zip Code	30.00
Washington LA 70589 Tra	ansaction ID : c09fdd10-585d-4da7-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Mr. Alex Peyton	te of Public Distribution/Dissemination
Mailing Address 859 Hicks Rd	06 28 2014 nount
City State Zip Code	13.50
Washington LA 70589 Trai	nsaction ID: 5bed50d7-858b-47fa-b tte of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 28 2014
Name of Federal Candidate Support Office Soil	ught: House District: 00
Ms. Mary L Landrieu Pre	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	43.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 06	30 2014
Signature	

PAGE 48

OF

Schedule E)	11 2/11 2/12	1101120		PAGE 49 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Lily Green				06 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amoun	t
City	State	Zip Code		30.00
Shreveport	LA	71119		ction ID: e94e123e-2911-4aef-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Lily Green				06 28 2014
Mailing Address 205 Medallion Circle			Amoun	:
City	State	Zip Code		13.50
Shreveport	LA	71119	Transac Date of	tion ID : e3f5e894-04f0-4aa7-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	06 / 28 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	36999.21	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	res		•	43.50
(b) CURTOTAL of Unitermized Independent Evpend	II			
(b) SUBTOTAL of Unitemized Independent Expend	itures		• -	7 7 7
(c) TOTAL Independent Expenditures			· .	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / / 6	30 / 2014
Signature				

Schedule E)	DENT EXTEND	TIONES		PAGE 50 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Danielle Landry			M = M	ic Distribution/Dissemination
Mailing Address 1089 Oleste Tauzin Road			06 Amount	29 2014
City	State	Zip Code		20.00
Breaux Bridge	LA	70517		ID : f0bbd9a6-2a62-4789-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
Full Name of Payee Danielle Landry			Date of Publ	lic Distribution/Dissemination / 29
Mailing Address 1089 Oleste Tauzin Road			Amount	
City	State	Zip Code		4.80
Breaux Bridge	LA	70517	Transaction I Date of Disk	D: a197767d-8cb9-4a8a-8 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		36999.21	Disbursement For: 2014 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	24.80
(b) SUBTOTAL of Unitemized Independent E.	xpenditures		· • · · · ·	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indwith, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 06 30	2014
Signature				

Schedule E)	LIVI EXI EN	DITONES	PAGE 51 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			06 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	70.00
Plot Mountain	NC	27041	Transaction ID: 4d4d09b9-1b7b-4373-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			06 27 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	12.69
Plot Mountain	NC	27041	Transaction ID : 0c1597b2-56e4-4178-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 27 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		82.69
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	9 06 30 7 2014
•			

Schedule E)	VI EXI EN	JITONES	PAGE 52 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Roger McKinney			06 27 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	70.00
Pilot Mountian	NC	27041	Transaction ID : bdfcb3a6-b58c-4a89-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	33989.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Erika Burfield			06 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2939 Country Club Drive			Amount
City	State	Zip Code	30.00
Hampstead	NC	28443	Transaction ID : c39e7938-8024-443d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	33989.35	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 100.00
(1) OUDTOTAL (11 in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule E)	iti Exi Eiti	DITORILO	PAGE 53 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			06 29 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	10.00
Lenoir	NC	28645	Transaction ID: 91f942ee-60f6-4e44-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			06 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	0.45
Lenoir	NC	28645	Transaction ID : 2a2b5585-ee7e-4250-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 29 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		33989.35	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 10.45
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authoriz		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)		PAGE 54 OF 54 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Darius Beverly	Da	te of Public Distribution/Dissemination
Mailing Address 157 Bishop Drive	An	06 24 2014 nount
I .	Code Tra	40.00 ansaction ID : aa1e5066-9f42-407c-a
Purpose of Evpanditure	ategory/ 001	tte of Disbursement or Obligation
Name of Federal Candidate	Type Support Office So	
Ms. Mary L Landrieu	X Oppose Pre	sident State: LA
Calendar Year-To-Date Per Election for Office Sought 369	Disburser 2014	nent For:
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Mailing Address	Ar	mount
City State Zip	Code	
	Da	ate of Disbursement or Obligation
Purpose of Expenditure	ategory/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office So Oppose Pre	ught: House District:
Calendar Year-To-Date Per Election for Office Sought	Disburser	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures		40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	3392.09
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized corparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronicall] Signature	y Filed] Date 06	30 2014
Q.g		